

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130661

**Entity Name:** LARSON HIGHPOINT PROPERTIES LLC

**Current Principal Place of Business:**

409 SW 4TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 14715  
GAINESVILLE, FL 32604

**FEI Number:** 46-1258163

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIMOTHY, LARSON  
409 SW 4TH AVENUE  
GAINESVILLE, FL 32601 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name LARSON, TIMOTHY  
Address PO BOX 14715  
City-State-Zip: GAINESVILLE FL 32604

Title MGR  
Name LARSON, BRET  
Address PO BOX 14715  
City-State-Zip: GAINESVILLE FL 32604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY LARSON

**DIRECTOR**

**04/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date